

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)

BAL HARBOUR VILLAGE
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CHECK APPROPRIATE BOX:

Initial Filing for: ☒ Primary Treasurer ☐ Deputy Treasurer

OFFICE USE ONLY

Re-filing to Change: ☐ Primary Treasurer ☐ Deputy Treasurer ☐ Primary/Secondary Depository

1. Committee The Future of Bal Harbour		2. Telephone (305)866-0311	
3. Name of Treasurer or Deputy Treasurer Carolyn Travis		4. Email (optional)	
5. Telephone (optional) (305)866-0311			
6. Mailing Address 9700 Collins Avenue, Executive Office Bal Harbour, Florida 33154			
7. Street Address 9700 Collins Avenue, Executive Office Bal Harbour, Florida 33154			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Northern Trust		10. Street Address 600 Brickell Avenue, Suite 2400 Miami, FL 33131	
11. City		12. State	13. Zip Code
14. Signature of Chairman <i>X Matthew Whitman Lazenby</i>		15. Name of Chairman (Print or Type) Matthew Lazenby	

Campaign Treasurer's Acceptance of Appointment

I, Carolyn Travis, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for The Future of Bal Harbour
(Committee)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

06/04/20

Date

X Carolyn Travis

Signature of Campaign Treasurer or Deputy Treasurer

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**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

- ☒ Original Appointment ☐ Change of Appointment
☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name Matthew Lazenby		Telephone (305) 866-0311
Street Address 9700 Collins Avenue, Executive Office		
City Bal Harbour	State Florida	Zip Code 33154
Mailing Address 9700 Collins Avenue, Executive Office		
City Bal Harbour	State Florida	Zip Code 33154

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Matthew Whitman Lazenby
Signature of Registered Agent

06/04/20

Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization The Future of Bal Harbour		
Street Address 9700 Collins Avenue, Executive Office		Telephone (305) 866-0311
City Bal Harbour	State Florida	Zip Code 33154

Matthew Whitman Lazenby
Signature of Chairperson

Matthew Lazenby

Printed Name of Chairperson

06/04/20

Date

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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- ☒ Original Appointment ☐ Change of Appointment
☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name Telephone
Matthew Lazenby (305) 866-0311

Street Address
9700 Collins Avenue, Executive Office

City State Zip Code
Bal Harbour Florida 33154

Mailing Address
9700 Collins Avenue, Executive Office

City State Zip Code
Bal Harbour Florida 33154

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

Name of Committee or Organization

The Future of Bal Harbour

Street Address Telephone
9700 Collins Avenue, Executive Office (305) 866-0311

City State Zip Code
Bal Harbour Florida 33154

Matthew Whitman Lazenby
Signature of Chairperson

Matthew Lazenby

Printed Name of Chairperson

06/04/20

Date

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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1. Full Name of Committee
The Future of Bal Harbour

Telephone
(305) 866-0311

Mailing Address (include city, state and zip code)
9700 Collins Avenue, Executive Office
Bal Harbour, Florida 33154

Street Address (include city, state and zip code)
9700 Collins Avenue, Executive Office
Bal Harbour, Florida 33154

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
None		

3. Area, Scope and Jurisdiction of the Committee
Ballot Issues in Bal Harbour; Sponsor Charter Amendment

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)
Governmental

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Carolyn Travis	9700 Collins Avenue, Executive Office Bal Harbour, Florida 33154	Treasurer

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Matthew Lazenby	9700 Collins Avenue, Executive Office Bal Harbour, Florida 33154	Chairperson

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
N/A			

8. List Any Issues this Committee is Supporting: Bal Harbour referendum on building height and others to be determined
List Any Issues this Committee is Opposing: To be determined

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Return to contributors or donate to a 527 or 501(c) organization

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Northern Trust	600 Brickell Avenue, Suite 2400 Miami, FL 33131

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 990	Annually	IRS	Ogden, UT
Form 1120-POL	Annually	IRS	Ogden, UT

STATE OF Florida Miami-Dade COUNTY

I, Matthew Lazenby, certify that the information in this Statement of
 Organization is complete, true and correct.

X

Matthew Whitman Lazenby
 Signature of Chairman of Political Committee

06/04/20

Date

Note: Form SS-4 begins on the next page of this document.

Attention
Limit of one (1) Employer Identification Number (EIN)
Issuance per Business Day

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service (IRS) will limit Employer Identification Number (EIN) issuance to one per responsible party per day. For trusts, the limitation is applied to the grantor, owner, or trustor. For estates, the limitation is applied to the decedent (decedent estate) or the debtor (bankruptcy estate). This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.

Change to Where to File Address and Fax-TIN Number

There is a change to the Instructions for Form SS-4 (Rev. January 2011). On page 2, under the "Where to File or Fax" table, the address and Fax-TIN number have changed. If you are applying for an Employer Identification Number (EIN), and you have no legal residence, principal place of business, or principal office or agency in any state or the District of Columbia, file or fax your application to:

Internal Revenue Service Center
Attn: EIN International Operation
Cincinnati, OH 45999
Fax-TIN: 859-669-5987

This change will be included in the next revision of the Instructions for Form SS-4.

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Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ► See separate instructions for each line. ► Keep a copy for your records.	OMB No. 1545-0003 EIN _____
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Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested The Future of Bal Harbour				
	2	Trade name of business (if different from name on line 1)	3			
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) 9700 Collins Avenue, Executive Office	5a			
	4b	City, state, and ZIP code (if foreign, see instructions) Bal Harbour, Florida 33154	5b			
	6	County and state where principal business is located Miami-Dade County, Florida				
	7a	Name of responsible party Carolyn Travis	7b			
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b			
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ► _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► Issue Political Committee <input type="checkbox"/> Other (specify) ► _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ► _____ </div> </div>						
9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country			
10	Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ► political committee <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ► _____						
<input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____						
11	Date business started or acquired (month, day, year). See instructions. June 2020					
12	Closing month of accounting year December					
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Agricultural 0</td> <td style="width: 33%; text-align: center;">Household 0</td> <td style="width: 33%; text-align: center;">Other 0</td> </tr> </table>				Agricultural 0	Household 0	Other 0
Agricultural 0	Household 0	Other 0				
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>					
15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ► N/A					
16	Check one box that best describes the principal activity of your business. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 48%;"> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance </div> <div style="width: 48%;"> <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Issue Political Committee </div> </div>					
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. N/A					
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ► _____					

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Jennifer S. Blohm, Esq.	Designee's telephone number (include area code) (850) 878-5212
	Address and ZIP code P.O. Box 1547, Tallahassee, FL 32302	Designee's fax number (include area code) ()
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ► Carolyn Travis	
Signature ► <i>Carolyn Travis</i>		Applicant's telephone number (include area code) (305) 866-0311
Date ► 06/04/20		Applicant's fax number (include area code) ()

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	Complete lines 1-18 (as applicable).
Purchased a going business ³	Does not already have an EIN	Complete lines 1-18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust ⁴	Complete lines 1-18 (as applicable).
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a-5b, 9a, 10, and 18.
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸	Complete lines 1-18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	Complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer* on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

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